

Fill in this information to identify the case:

Debtor name ONE Media Corp, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 19, 2017

X /s/ Ricardo Venegas

Signature of individual signing on behalf of debtor

Ricardo Venegas

Printed name

Authorized Signatory

Position or relationship to debtor

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Debtor name **ONE Media Corp, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

| | |
|--|----------------------|
| 1a. Real property: | |
| Copy line 88 from <i>Schedule A/B</i> | \$ 0.00 |
| 1b. Total personal property: | |
| Copy line 91A from <i>Schedule A/B</i> | \$ 233,542.07 |
| 1c. Total of all property: | |
| Copy line 92 from <i>Schedule A/B</i> | \$ 233,542.07 |

Part 2: Summary of Liabilities

| | |
|--|--------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | |
| Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 13,654.10 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: | |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 244,760.88 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: | |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 47,598,744.78 |
| 4. Total liabilities | |
| Lines 2 + 3a + 3b | \$ 47,857,159.76 |

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

JPMorgan Chase Bank, N.A.
PO Box 659754
San Antonio, TX 78265-9754

*There is \$35,221.08 in the account, however, \$34,716.30 was collected on behalf of Aser Media US LLC, which acquired certain accounts receivables under an Asset Purchase Agreement, dated March 8, 2017.

3.1.

Checking

9116

\$504.78 *

C/o Halperin Battaglia Benzija, LLP
40 Wall Street, 37th Floor
New York, NY 10005

*Funds held in an attorney's escrow account for the sole and exclusive benefit of consultants retained to assist the Debtor in winding down its affairs and satisfying the Debtor's obligations to provide transition services to Aser Media US LLC pursuant to the Asset Purchase Agreement. There is \$57,500 in the account, \$16,398.12 of which remains owing to and held for a consultant.

3.2.

Escrow account

\$41,101.88 *

Debtor ONE Media Corp, Inc. Case number (if known) _____
Name

3.3. C/o Halperin Battaglia Benzija, LLP
40 Wall Street, 37th Floor
New York, NY 10005 \$13,682.95

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$55,289.61

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Security deposit held by 750 Third Owner LLC under lease for non-residential property
located at 750 Third Avenue, Suite 2601, New York, NY. \$152,572.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$152,572.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 86,669.33 * - 86,669.33 =.... \$0.00
face amount doubtful or uncollectible accounts

*subject to setoff rights.

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

**Valuation method used
for current value**

**Current value of
debtor's interest**

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Debtor ONE Media Corp, Inc. Case number (if known) _____

Name

Name of entity:

% of ownership

15.1. One Connxt LLC 25 % N/A Undetermined

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 39. | Office furniture Office equipment and furniture | <u>\$82,352.57</u> | | <u>\$25,680.46</u> |
| 40. | Office fixtures Leasehold improvements | <u>\$22,351.10</u> | | <u>Undetermined</u> |

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$25,680.46

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor **ONE Media Corp, Inc.**
Name

Case number (If known)

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available). | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. Office located at 750 Third Avenue, Suite 2601, New York, NY 10017. | tenant | \$0.00 | | \$0.00 |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Debtor ONE Media Corp, Inc. Case number (if known) _____
Name

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

Unused net operating losses of \$70 million.

Tax year **2009-2017**

\$0.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
Pursuant to the Asset Purchase Agreement, dated March 8, 2017, this amount is being held by Aser Media US LLC to satisfy any penalty imposed against the Debtor by the Internal Revenue Service. The Debtor requested an abatement and is awaiting a response from the Internal Revenue Service.

Undetermined

Nature of claim

Amount requested

\$19,541.53

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor ONE Media Corp, Inc. Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$55,289.61 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$152,572.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$0.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$25,680.46 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$0.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | \$0.00 | |
| 91. Total. Add lines 80 through 90 for each column | \$233,542.07 | \$0.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$233,542.07 |

Fill in this information to identify the case:

Debtor name ONE Media Corp, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|-----|---|--|--|---------------|
| 2.1 | CIT Creditor's Name Attn: President or Gen Counsel 21146 Network Place Chicago, IL 60673 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien Master Equipment Lease for various technology equipment (assigned from DDI Leasing) Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$13,654.10 | \$0.00 |

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$13,654.10**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

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United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|---|---|--------------------|-----------------|
| 2.1 | Priority creditor's name and mailing address Connecticut Dept of Revenue Attn: President or Gen Counsel PO Box 5089 Hartford, CT 06102-5089 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$7,493.17 | Unknown |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.2 | Priority creditor's name and mailing address Dave Almstead 8602 Vista Point Cove Orlando, FL 32836 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$29,166.66 | Unknown |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | |
|--------|-------------------------------------|------------------------|
| Debtor | ONE Media Corp, Inc. Name | Case number (if known) |
|--------|-------------------------------------|------------------------|

| | | | | |
|---|--|--|----------------|----------------|
| 2.3 | Priority creditor's name and mailing address Employment Development Dept State of California PO Box 989061 West Sacramento, CA 95798 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$81.22 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|----------------|
| 2.4 | Priority creditor's name and mailing address Florida Department of Revenue OUT OF STATE COLLECTIONS UNIT Lake City, FL 32055 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300.00 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|---|--------------------|----------------|
| 2.5 | Priority creditor's name and mailing address Internal Revenue Service UNRPR-IRP Philadelphia, PA 19154-2100 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$20,251.49 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|---------------------|----------------|
| 2.6 | Priority creditor's name and mailing address Joel Feld 38 Wendt Avenue Larchmont, NY 10538 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$166,666.50 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|-------------------------------------|------------------------|--|
| Debtor | ONE Media Corp, Inc. Name | Case number (if known) | |
|--------|-------------------------------------|------------------------|--|

| | | | | |
|---|--|--|-----------------|----------------|
| 2.7 | Priority creditor's name and mailing address NYS AR Levy Receivables Comm of Taxation & Finance Binghamton, NY 13902 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$106.89 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|---|--------------------|----------------|
| 2.8 | Priority creditor's name and mailing address Rachel Gary 19 Sherwood Road Springfield, NJ 07081 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$20,510.17 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|---|-----------------|----------------|
| 2.9 | Priority creditor's name and mailing address Tennessee Dept. of Revenue Andrew Jackson State Office Bldg Attn: President or Gen Counsel Nashville, TN 37242 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$184.78 | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|---|---------------------|----------------|
| 2.10 | Priority creditor's name and mailing address Todd Myers 644 Yorkshire Drive Oviedo, FL 32765 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | Undetermined | Unknown |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **ONE Media Corp, Inc.**
Name

Case number (if known)

| | | | |
|-----|--|---|---------------------|
| 3.1 | Nonpriority creditor's name and mailing address 270 Strategies Inc. Attn: President or Gen Counsel 626 W Jackson Blvd., Suite 600 Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$77,950.32 |
| 3.2 | Nonpriority creditor's name and mailing address 5 Star Cleaning Service Attn: President or Gen Counsel 220 Ashley Oaks Drive McDonough, GA 30253 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,060.00 |
| 3.3 | Nonpriority creditor's name and mailing address 750 Third Owner LLC Attn: Pres or General Counsel 420 Lexington Avenue, 19th Fl New York, NY 10170 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$144,837.00 |
| 3.4 | Nonpriority creditor's name and mailing address Accelent 57 Green Farms Road Attn: President or Gen Counsel Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$21,270.00 |
| 3.5 | Nonpriority creditor's name and mailing address Adobe Systems 75 Remittance Drive Attn: President or Gen Counsel Chicago, IL 60675-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$93,687.59 |
| 3.6 | Nonpriority creditor's name and mailing address Al Yellon 1424 W. Altgeld Chicago, IL 60614 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$900.00 |
| 3.7 | Nonpriority creditor's name and mailing address Alexander Brown 20 Tremont Street Cos Cob, CT 06807 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,489.12 |

Debtor **ONE Media Corp, Inc.**
Name

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| 3.8 | Nonpriority creditor's name and mailing address America One Holdings C/o Gibson Dunn-William Rustum 200 Park Avenue New York, NY 10166 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: demand note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$39,881,831.25 |
| 3.9 | Nonpriority creditor's name and mailing address Andrew Crawford 765 Market Street, Apt. 1708 San Francisco, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,800.00 |
| 3.10 | Nonpriority creditor's name and mailing address ART Arab Radio & Television Second FL, West Wind Building Harbour Drive George Town 11111 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,507.00 |
| 3.11 | Nonpriority creditor's name and mailing address Aser Media US LLC Attn: Anthony Bailey 116 Washington Ave. 2nd Floor North Haven, CT 06473 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.12 | Nonpriority creditor's name and mailing address Atlanta Digital Security Syste Attn: President or Gen Counsel PO Box 124 McDonough, GA 30253 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$71.43 |
| 3.13 | Nonpriority creditor's name and mailing address Axel Technologies Oy Lemminkaisenkatu 14-18 B Turku FI 20520 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30,361.90 |
| 3.14 | Nonpriority creditor's name and mailing address AZB & Partners Peninsula Corp. Park Ganpatrao Kadam Marg. Lower Parel Mumbai Maharashtra India 400013 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |

Debtor **ONE Media Corp, Inc.**
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| 3.15 | Nonpriority creditor's name and mailing address B4 Capital SA (Juventus TV) Rue de la Chapella - L1325 Luxembourg R. CS LU B 132.740 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>programming licenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$60,000.00 |
| 3.16 | Nonpriority creditor's name and mailing address B4 Capital SA (Juventus TV) Rue de la Chapella - L1325 Luxembourg R. CS LU B 132.740 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>demand notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$600,000.00 |
| 3.17 | Nonpriority creditor's name and mailing address Ballard Spahr LLP Attn: Brett Weisenberg, Esq. 919 Third Avenue, 37th Floor New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$27,947.50 |
| 3.18 | Nonpriority creditor's name and mailing address Barry Rona 7987 Via Villaggio West Palm Beach, FL 33412 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35,400.00 |
| 3.19 | Nonpriority creditor's name and mailing address Ben Lyttleton 53 Keslake Road London UK NW6 6DH Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$436.87 |
| 3.20 | Nonpriority creditor's name and mailing address Bill Mueller 37 Eastwood Drive Massapequa Park, NY 11762 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$150.00 |
| 3.21 | Nonpriority creditor's name and mailing address Brian Robins 37 Gould Avenue Dobbs Ferry, NY 10522 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,269.14 |

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Name

Case number (if known)

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| 3.22 | Nonpriority creditor's name and mailing address British Sky Broadcasting Ltd. 1 Macintosh Road, Kirkton Camp Livingston West Lothian UK EH54 7BW Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,855.15 |
| 3.23 | Nonpriority creditor's name and mailing address BritishSkyBroadcastingLtd.(USD 1 Macintosh Road West Lothian UK EH54 7BW Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90,000.00 |
| 3.24 | Nonpriority creditor's name and mailing address Broadview Software 110 Adelaide St. East Toronto, Ontario CA M5C 1K9 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$147,365.67 |
| 3.25 | Nonpriority creditor's name and mailing address CaliforniaCable & Telecom Asso Attn: President or Gen Counsel 1001 K Street Sacramento, CA 95814 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
| 3.26 | Nonpriority creditor's name and mailing address Campo Communications LLC Attn: President or Gen Counsel 41 Madison Avenue, Suite 3124 New York, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,165.00 |
| 3.27 | Nonpriority creditor's name and mailing address Carlos DeMolina 7 South Yew Street Glen Cove, NY 11542 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |
| 3.28 | Nonpriority creditor's name and mailing address Carter Scholer Arnett Hamada Mockler 8150 N. Central Expressway Dallas, TX 75206 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,199.75 |

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| Debtor | ONE Media Corp, Inc. Name | Case number (if known) _____ |
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| 3.29 | Nonpriority creditor's name and mailing address CBEYOND Attn: President or Gen Counsel PO Box 848432 Dallas, TX 75284-8432 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$4,257.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | | |
| 3.30 | Nonpriority creditor's name and mailing address Charter Comm 8783 60 003 0225315 Stockbridg PO Box 742615 Cincinnati, OH 45274-2615 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$788.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | | |
| 3.31 | Nonpriority creditor's name and mailing address Charter Comm (BC) 8783 60 003 0148046 Stockbridg PO Box 742615 Cincinnati, OH 45274-2615 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$37,798.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | | |
| 3.32 | Nonpriority creditor's name and mailing address Chris Evans Air Conditioning Attn: President or Gen Counsel 155 Stroud Road McDonough, GA 30252 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$75.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | | |
| 3.33 | Nonpriority creditor's name and mailing address Christian Araos 21 Kenswick Lane Huntington Station, NY 11746 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$75.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | | |
| 3.34 | Nonpriority creditor's name and mailing address CIT Attn: President or Gen Counsel 21146 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$13,654.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | | |
| 3.35 | Nonpriority creditor's name and mailing address City of Stamford, Connecticut Tax Collector Stamford, CT 06904 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. \$783.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor **ONE Media Corp, Inc.**
Name

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| 3.36 | Nonpriority creditor's name and mailing address Cogent Communications, Inc. Attn: President or Gen Counsel 2450 N. Street, NW Washington, DC 20037 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,341.62 |
| 3.37 | Nonpriority creditor's name and mailing address Collins Video Services Attn: President or Gen Counsel 788 Mt. Elam Road Fitchburg, MA 01420 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,950.00 |
| 3.38 | Nonpriority creditor's name and mailing address Corporate Branding Inc. Source One Promo 2024 Brian Drive Merrick, NY 11566 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,935.14 |
| 3.39 | Nonpriority creditor's name and mailing address Council of Ivy Group President 228 Alexander Street, 2nd Fl Princeton, NJ 08540 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
| 3.40 | Nonpriority creditor's name and mailing address Covington & Burling LLP 333 Twin Dolphin Drive Attn: President or Gen Counsel Redwood Shores, CA 94065-1418 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,920.82 |
| 3.41 | Nonpriority creditor's name and mailing address Crystal Rock LLC 50038747 Attn: President or Gen Counsel PO Box 10028 Waterbury, CT 06725-0028 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,398.23 |
| 3.42 | Nonpriority creditor's name and mailing address D2 Productions Attn: President or Gen Counsel One Kane Industrial Drive Hudson, MA 01749 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,000.00 |

Debtor **ONE Media Corp, Inc.**
Name

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| 3.43 | Nonpriority creditor's name and mailing address Davis Wright Tremaine LLP 1201 Third Avenue Suite 2200 Attn: President or Gen Counsel Seattle, WA 98101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$41,497.39 |
| 3.44 | Nonpriority creditor's name and mailing address DCB Business Management Ltd. Attn: President or Gen Counsel 175 Lahr Drive Belleville ON, CN K8N 5S2 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$750.00 |
| 3.45 | Nonpriority creditor's name and mailing address DDI Leasing, Inc. Attn: President or Gen Counsel 221 Somerville Road Bedminster, NJ 07921 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,820.80 |
| 3.46 | Nonpriority creditor's name and mailing address DHL Express USA, Inc. Attn: President or Gen Counsel 16592 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$401.06 |
| 3.47 | Nonpriority creditor's name and mailing address Dish Network Attn: President or Gen Counsel PO Box 94063 Palatine, IL 60094-4063 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$420.41 |
| 3.48 | Nonpriority creditor's name and mailing address DLA Piper LLC (US) Attn: President or Gen Counsel 1251 Ave of the Americas, 27FL New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,520.00 |
| 3.49 | Nonpriority creditor's name and mailing address Donald McGee 318 Bond Avenue Petaluma, CA 94954 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$800.00 |

Debtor **ONE Media Corp, Inc.**
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| 3.50 | Nonpriority creditor's name and mailing address Duncan Castles 20 Eilean Rise UK AB41 9NF Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,800.00 |
| 3.51 | Nonpriority creditor's name and mailing address Dylan Butler 5-25 117 Street College Point, NY 11356 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$700.00 |
| 3.52 | Nonpriority creditor's name and mailing address Eddie Caggianelli 10 Brookridge Court Rye Brook, NY 10573 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,000.00 |
| 3.53 | Nonpriority creditor's name and mailing address Eleven Sports Network Ltd. Attn: President 24 Grosvenor Hill London W1K 3QD Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.54 | Nonpriority creditor's name and mailing address Emerging Networks LLC Attn: Tom Marsillo 25 Laurel Brook Road Lincroft, NJ 07738 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,930.50 |
| 3.55 | Nonpriority creditor's name and mailing address Eric Singer 218 Fairfield Drive East Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| 3.56 | Nonpriority creditor's name and mailing address FC Bayern Muenchen AG Saebener Str. 51-57 Munich DE 81547 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$166,000.00 |

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Name

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| 3.57 | Nonpriority creditor's name and mailing address FEDEX Attn: President or Gen Counsel PO Box 660481 Dallas, TX 75266-0481 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,216.41 |
| 3.58 | Nonpriority creditor's name and mailing address Firebelly Sound & Picture Alexander Leach 745 Post Road, Apt 201 Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,230.00 |
| 3.59 | Nonpriority creditor's name and mailing address First Insurance Funding Corp Attn: President or Gen Counsel 450 Skokie Blvd. Northbrook, IL 60062-7917 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$66.14 |
| 3.60 | Nonpriority creditor's name and mailing address First Quality Maintenance Attn: President or Gen Counsel 70 West 36th Street New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$260.48 |
| 3.61 | Nonpriority creditor's name and mailing address Frank Dell'Apa 183 N. Trurl Street Hull, MA 02045 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$600.00 |
| 3.62 | Nonpriority creditor's name and mailing address Frank Isola 12 Stonehenge Road Montclair, NJ 07043 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,500.00 |
| 3.63 | Nonpriority creditor's name and mailing address Freedom Broadcast Group LLC Attn: President or Gen Counsel 99 80th Street Brooklyn, NY 11209 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$68,140.68 |

Debtor **ONE Media Corp, Inc.**
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| 3.64 | Nonpriority creditor's name and mailing address Friedman & Wittenstein 599 Lexington Avenue 12th Floor New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,121.45 |
| 3.65 | Nonpriority creditor's name and mailing address GCI Alaska Academic Decathalon Attn: President or Gen Counsel 2550 Denali Street, Suite 1000 Anchorage, AK 99503 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| 3.66 | Nonpriority creditor's name and mailing address Georgia Dept of Revenue Attn: President or Gen Counsel PO Box 740397 Atlanta, GA 30374-0397 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,390.12 |
| 3.67 | Nonpriority creditor's name and mailing address Georgia Natural Gas 004312899-4322575 Suite E PO Box 105445 Atlanta, GA 30348 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.18 |
| 3.68 | Nonpriority creditor's name and mailing address Georgia Power 59033-34079 (Suite E-New) 96 Annex Atlanta, GA 30396 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$693.35 |
| 3.69 | Nonpriority creditor's name and mailing address Global Media Marketing Attn: President or Gen Counsel 37 Nelson St., Unit B Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,000.00 |
| 3.70 | Nonpriority creditor's name and mailing address Graham Ruthven 11 Pistol Makers Row Perthshire, United Kingdom UK FK16 6BB Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,650.00 |

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| 3.71 | Nonpriority creditor's name and mailing address Greenwich Harbor Partners Attn: President or Gen Counsel 500 West Putnam Ave Suite 400 Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$38,000.00 |
| 3.72 | Nonpriority creditor's name and mailing address Hayley Mackay 10 Liberty Street, #35A, New York, NY 10008 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$196.72 |
| 3.73 | Nonpriority creditor's name and mailing address Hothouse Attn: President or Gen Counsel 621 North Avenue NE Atlanta, GA 30308 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$49,975.00 |
| 3.74 | Nonpriority creditor's name and mailing address IEC in Sports Intl Events Artillergatan 42 Stockholm SE Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,738.00 |
| 3.75 | Nonpriority creditor's name and mailing address IMG 1360 East 9th Street Attn: President or Gen Counsel Cleveland, OH 44114-1782 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$415,500.00 |
| 3.76 | Nonpriority creditor's name and mailing address Infront Sports & Media (China) Co., Ltd. - CBA Building 29 YuquanGarden Beijing CA 100195 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$258,080.80 |
| 3.77 | Nonpriority creditor's name and mailing address Infront Sports & Media AG -CHL Grafenauweg 2 6304 Zug CH Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$84,864.00 |

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| 3.78 | Nonpriority creditor's name and mailing address Inverleigh Media Hlds Pty Ltd 165 Bank Street South Melbourne AU 3205 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,500.00 |
| 3.79 | Nonpriority creditor's name and mailing address IPFS Corporation Attn: President or Gen Counsel PO Box 730223 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,626.11 |
| 3.80 | Nonpriority creditor's name and mailing address Jack Bell 787 Beach Place New Milford, NJ 07646 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,950.00 |
| 3.81 | Nonpriority creditor's name and mailing address Jack Ford 320 Essex Avenue Spring Lake, NJ 07762 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,000.00 |
| 3.82 | Nonpriority creditor's name and mailing address Janusz Michalik 36 Norman Drive Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,858.00 |
| 3.83 | Nonpriority creditor's name and mailing address Jingle Punks Music, LLC Attn: President or Gen Counsel 11 Park Place New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,500.00 |
| 3.84 | Nonpriority creditor's name and mailing address John Duerden 105-1602 WorldCup Cham NuriApt Seoul, KR Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,000.00 |

Debtor **ONE Media Corp, Inc.**
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| 3.85 | Nonpriority creditor's name and mailing address John E. Gibson Tokyo-to, Nerima-Ku JP Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$970.00 |
| 3.86 | Nonpriority creditor's name and mailing address John Vilade 44 Regent Circle Basking Ridge, NJ 07920 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Claim related to unpaid vacation and damages from termination of employment agreement.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$21,093.00 |
| 3.87 | Nonpriority creditor's name and mailing address JP Dellacamera 5 Bella Lane Unionville, CT 06085 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$52,500.00 |
| 3.88 | Nonpriority creditor's name and mailing address JW Player (LongTailAdSolutions Attn: President or Gen Counsel 8 West 38th Street, 6th Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$22,500.00 |
| 3.89 | Nonpriority creditor's name and mailing address K2 Marketing Group Inc. Attn: President or Gen Counsel Steamboat Springs, CO 80487 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,625.00 |
| 3.90 | Nonpriority creditor's name and mailing address Kenneth Dunek 41 Saddle Drive Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,000.00 |
| 3.91 | Nonpriority creditor's name and mailing address Kevin Brown 653 Harvard Avenue Baldwin, NY 11510 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |

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| Debtor | ONE Media Corp, Inc. Name | Case number (if known) _____ |
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| 3.92 | Nonpriority creditor's name and mailing address Keyport Keys, Inc. Attn: President or Gen Counsel 158 Church Street Keyport, NJ 07735 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |
| 3.93 | Nonpriority creditor's name and mailing address Lagardere Sports Asia Pte Ltd 8 Shenton Way Singapore SG 068811 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$865,486.16 |
| 3.94 | Nonpriority creditor's name and mailing address Landmark Strategy Group, LLC Attn: President or Gen Counsel 110 Ceder Road Wilton, CT 06897 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$30,000.00 |
| 3.95 | Nonpriority creditor's name and mailing address Lawrence S. Roth 300 Ronbru Drive New Rochelle, NY 10804 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| 3.96 | Nonpriority creditor's name and mailing address Linacre Media LLC C/o Claudio Dessberg, Esq. 477 Madison Avenue Suite 530 New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$163,612.71 |
| 3.97 | Nonpriority creditor's name and mailing address LTN Global Communications Attn: President or Gen Counsel 8600 Foundry Street Savage, MD 20763 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,809.00 |
| 3.98 | Nonpriority creditor's name and mailing address Matchroom Sport Limited - Dart 15 The Mall London UK E15 1XL Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$37,812.50 |

Debtor **ONE Media Corp, Inc.**
Name

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| 3.99 | Nonpriority creditor's name and mailing address Matthew Carson 43-10 Crescent Street, Apt 530 Long Island City, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$900.00 |
| 3.100 | Nonpriority creditor's name and mailing address MBA Graphics Attn: President or Gen Counsel 76 Progress Drive, Suite 230G Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$423.28 |
| 3.101 | Nonpriority creditor's name and mailing address McCarthy Tetrault LLP Suite 5300,TD Bank Tower Box 48, 66 Wellington St West Toronto Ontario CN M5k 1E6 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,418.12 |
| 3.102 | Nonpriority creditor's name and mailing address McCarer & English LLP Attn: President or Gen Counsel Four Gateway Center Newark, NJ 07102 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,623.00 |
| 3.103 | Nonpriority creditor's name and mailing address Megapath Attn: President or Gen Counsel Dept. 0324 Dallas, TX 75312-0324 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,687.21 |
| 3.104 | Nonpriority creditor's name and mailing address MERCER Attn: President or Gen Counsel PO BOX 730212 Dallas, TX 75373-0212 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,791.50 |
| 3.105 | Nonpriority creditor's name and mailing address Metrovision Production Group Attn: President or Gen Counsel 315 West 53rd Street New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,655.76 |

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| 3.106 | Nonpriority creditor's name and mailing address Mike Petke 561 Buchanan Blvd. Red Bank, NJ 07701 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,900.00 |
| 3.107 | Nonpriority creditor's name and mailing address Mitch Green 309 West Stevens Avenue Wyckoff, NJ 07481 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,320.00 |
| 3.108 | Nonpriority creditor's name and mailing address Mooers Immigration Attn: President or Gen Counsel 8484 Georgia Avenue, Suite 920 Silver Spring, MD 20910 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,000.00 |
| 3.109 | Nonpriority creditor's name and mailing address MP & Silva LLC - Arsenal TV 1001 Brickell Bay Dr Suite2300 Attn: President or Gen Counsel Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$235,252.00 |
| 3.110 | Nonpriority creditor's name and mailing address N+1 designstudio Attn: President or Gen Counsel 311 University Drive Durham, NC 27707 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,250.00 |
| 3.111 | Nonpriority creditor's name and mailing address National Cable & Telecom Assoc Membership Service Coordinator Washington, DC 20001-1431 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,912.00 |
| 3.112 | Nonpriority creditor's name and mailing address National Cable TV Co-op (NCTC) Attn: Lisa Miller Lenexa, KS 66219-1392 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,900.00 |

Debtor **ONE Media Corp, Inc.**
Name

Case number (if known)

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|-------|--|--|--------------------|
| 3.113 | Nonpriority creditor's name and mailing address NBC Sports Network c/o NBC Universal Lock Box NBC Universal PO Box 402971 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,411.00 |
| 3.114 | Nonpriority creditor's name and mailing address Office Depot Dept 56 - 8200613016 Attn: President or Gen Counsel Des Moines, IA 50368-9020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,017.00 |
| 3.115 | Nonpriority creditor's name and mailing address Office Team A Robert Half Company Attn: President or Gen Counsel Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,706.88 |
| 3.116 | Nonpriority creditor's name and mailing address OutMarket LLC, dba VocusMarket Attn: President or Gen Counsel 12051 Indian Creek Court Beltsville, MD 20705 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,899.38 |
| 3.117 | Nonpriority creditor's name and mailing address P.S. Wolf Media, LLC 390 Lafayette Avenue #236 Attn: President or Gen Counsel Hawthorne, NJ 07506 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,247.98 |
| 3.118 | Nonpriority creditor's name and mailing address Park House Associates LTD 8 Shenton Way #30-01 Singapore HK 068811 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,757.77 |
| 3.119 | Nonpriority creditor's name and mailing address Patrick Francis O'Keefe 279 Palmer Road Yonkers, NY 10701 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |

Debtor **ONE Media Corp, Inc.**
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| 3.120 | Nonpriority creditor's name and mailing address PCM/TigerDirect FILE 55327 Los Angeles, CA 90074-5327 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,172.42 |
| 3.121 | Nonpriority creditor's name and mailing address Perform Media Channels Ltd.- Sussex House Feltham UK TW13 7HE Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500,000.00 |
| 3.122 | Nonpriority creditor's name and mailing address Perkins Eastman Architects DPC Attn: President or Gen Counsel 115 Fifth Avenue New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,590.09 |
| 3.123 | Nonpriority creditor's name and mailing address Peter Pappas 500 Eaton Road Drexel Hill, PA 19026 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,000.00 |
| 3.124 | Nonpriority creditor's name and mailing address PITCH INTERNATIONAL LLP 17 Brewhouse Lane Putney Wharf, London Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,000.00 |
| 3.125 | Nonpriority creditor's name and mailing address Pivot Media Attn: President or Gen Counsel PO box 306 Forest Grove, OR 97116 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,185.00 |
| 3.126 | Nonpriority creditor's name and mailing address PlanSource Admin Services, Inc Attn: President or Gen Counsel PO Box 1313 Orlando, FL 32802 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20.00 |

Debtor **ONE Media Corp, Inc.**
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| 3.127 | Nonpriority creditor's name and mailing address Plansource for Oliver, Tom Paid through Plansource Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,391.44 |
| 3.128 | Nonpriority creditor's name and mailing address PO Promo LTD CaribbeanPremier 61 Wandsworth Common West Side London GB SW18 2ED Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175,000.00 |
| 3.129 | Nonpriority creditor's name and mailing address PR Newswire Association LLC Attn: President or Gen Counsel 350 Hudson Street, 3rd Floor New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,350.00 |
| 3.130 | Nonpriority creditor's name and mailing address Pronology, LLC Attn: President or Gen Counsel 1379 Park Western Drive San Pedro, CA 90732 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,863.00 |
| 3.131 | Nonpriority creditor's name and mailing address RAI Exhibition Europaplein 22, 1078 GZ Amsterdam Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,858.28 |
| 3.132 | Nonpriority creditor's name and mailing address RCN Telecom Services, LLC Attn: President or Gen Counsel 650 College Road East Princeton, NJ 08540 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,000.00 |
| 3.133 | Nonpriority creditor's name and mailing address Renner Associates Co 650 Gilmour St Ottawa CN K1R 5M1 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,153.69 |

Debtor **ONE Media Corp, Inc.**
Name

Case number (if known)

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| 3.134 | Nonpriority creditor's name and mailing address Ron Trinca Photography Attn: President or Gen Counsel 205 First Street Liverpool, NY 13088 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,463.00 |
| 3.135 | Nonpriority creditor's name and mailing address RW Group Attn: President or Gen Counsel 400 Old Forge Lane Kennett Square, PA 19348 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,024.82 |
| 3.136 | Nonpriority creditor's name and mailing address Safehosts/Saxon Data Saxon House, Saxon Way Cheltengam UK GL52 6QX Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,928.32 |
| 3.137 | Nonpriority creditor's name and mailing address Satelite Telecommunications Network d.o.o., Kidriceva 22a Dob, SI Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$890.00 |
| 3.138 | Nonpriority creditor's name and mailing address Satnews Publishers Attn: President or Gen Counsel 800 Siesta Way Sonoma, CA 95476 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| 3.139 | Nonpriority creditor's name and mailing address Sean Mangan 3 Innis Avenue Lake Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,500.00 |
| 3.140 | Nonpriority creditor's name and mailing address Sean Weiner 22 N. Washington Street Tarrytown, NY 10591 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,400.00 |

Debtor **ONE Media Corp, Inc.**
Name

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| 3.141 | Nonpriority creditor's name and mailing address Serafino Ingardia AcctName Mr. SERAFINO INGARDIA Bank Name: NatWest (RBSIntl) Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.142 | Nonpriority creditor's name and mailing address SMT 3511 University Drive Attn: President or Gen Counsel Durham, NC 27707 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$124,651.40 |
| 3.143 | Nonpriority creditor's name and mailing address Snell Advanced Media Attn: President or Gen Counsel 3519 Pacific Avenue Burbank, CA 91505 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,824.00 |
| 3.144 | Nonpriority creditor's name and mailing address SNL Financial LC Attn: President or Gen Counsel One SNL Plaza Charlottesville, VA 22902 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,609.38 |
| 3.145 | Nonpriority creditor's name and mailing address Softbank Telecom Cor Attn: President or Leg 9-1, Higashishinbashi 1-Chome Minato-Ku, Tokyo 105-7316 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,091.37 |
| 3.146 | Nonpriority creditor's name and mailing address Softbank Telecom Corp. 9-1, Higashishinbashi 1-Chrome Minato-Ku, Tokyo Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,091.37 |
| 3.147 | Nonpriority creditor's name and mailing address SP&G Printing & Graphics, Inc. Attn: President or Gen Counsel 330 Fairfield Avenue Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,659.06 |

Debtor **ONE Media Corp, Inc.**
Name

Case number (if known)

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| 3.148 | Nonpriority creditor's name and mailing address Sports Media Advisors, LLC Attn: President or Gen Counsel Lagardere Unlimited New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,000.00 |
| 3.149 | Nonpriority creditor's name and mailing address Sports Video Group LLC Attn: President or Gen Counsel Attn: Accounts Receivable New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,500.00 |
| 3.150 | Nonpriority creditor's name and mailing address SPRT, LLC Attn: President or Gen Counsel 6800 Townline Road Syracuse, NY 13211 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,449.00 |
| 3.151 | Nonpriority creditor's name and mailing address Stats Attn: President or Gen Counsel 2775 Shermer Road Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$66,000.00 |
| 3.152 | Nonpriority creditor's name and mailing address Steve Cangialosi 150 Bedford Street New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,800.00 |
| 3.153 | Nonpriority creditor's name and mailing address STORERTV, INC. FKA Peter Storer & Assoc. Inc. 1361 W. Towne Square Road Mequon, WI 53092 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,176.00 |
| 3.154 | Nonpriority creditor's name and mailing address Tanton and Company, LLC Attn: President or Gen Counsel 37 West 57th Street, 5th Floor New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,000.00 |

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| Debtor | ONE Media Corp, Inc. <small>Name</small> | Case number (if known) _____ |
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| 3.155 | Nonpriority creditor's name and mailing address TATA Comm (America) Inc. 2355 Dulles Corner Blvd. #700 Attn: President or Gen Counsel Herndon, VA 20171 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$202,883.64 |
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| 3.156 | Nonpriority creditor's name and mailing address TeamWork Online Attn: President or Gen Counsel 22550 McCauley Road Shaker Heights, OH 44122 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,300.00 |
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| 3.157 | Nonpriority creditor's name and mailing address The Hartford Attn: President or Gen Counsel The Hartford Hartford, CT Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,457.92 |
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| 3.158 | Nonpriority creditor's name and mailing address TierPoint Hosted Solutions LLC Attn: President or Gen Counsel 12444 Powerscourt Dr. Ste. 450 Saint Louis, MO 63131 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$58,984.00 |
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| 3.159 | Nonpriority creditor's name and mailing address Tim Champeaux c/o Cunningham-Escott-Slevin- Doherty New York, NY 10010 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$630.00 |
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| 3.160 | Nonpriority creditor's name and mailing address Time Warner Cable 8150200071020074 PO Box 11820 Newark, NJ 07101-8120 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,600.28 |
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| 3.161 | Nonpriority creditor's name and mailing address Tina Cervasio 179 Winchester Court Clifton, NJ 07013 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$31,750.00 |
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Debtor **ONE Media Corp, Inc.**
Name

Case number (if known)

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| 3.162 | Nonpriority creditor's name and mailing address TMS International 18, Louisa Street, Suite 180 Ottawa, Ontario CN K1R 6Y6 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$163,228.00 |
| 3.163 | Nonpriority creditor's name and mailing address Tom Laidlaw 32 Ridge Blvd. Rye Brook, NY 10573 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,000.00 |
| 3.164 | Nonpriority creditor's name and mailing address Total Sports Asia Ltd. Level 20-1 CP Tower Selangor MA Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$43,830.00 |
| 3.165 | Nonpriority creditor's name and mailing address TPP Trademark and Patent Przemyslowa 8/10 75-246 Kosza Poland Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,146.54 |
| 3.166 | Nonpriority creditor's name and mailing address UFA Sports GmbH-KHL Picassoplatz 1 D-50679 Koln Handelsregister Koln HRB Nr. DE 59287 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$288,675.00 |
| 3.167 | Nonpriority creditor's name and mailing address Univision Communications Inc. 605 Third Avenue, 33rd Floor Attn: President or Gen Counsel New York, NY 10158 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200,000.00 |
| 3.168 | Nonpriority creditor's name and mailing address VENKY RAO EXPO CONSULTANTS INC Attn: President or Gen Counsel 15-4135 Shipp Dr Mississauga, ON Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$500.00 |

Debtor **ONE Media Corp, Inc.**
Name

Case number (if known)

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|-------|--|--|-------------------|
| 3.169 | Nonpriority creditor's name and mailing address Verizon Wireless 220785463 Attn: President or Gen Counsel Verizon Wireless Dallas, TX Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,839.09 |
| 3.170 | Nonpriority creditor's name and mailing address Vonage Attn: President or Gen Counsel c/o 6125 Airport Fwy Suite 202 Texas Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$70.36 |
| 3.171 | Nonpriority creditor's name and mailing address William Spaulding 20 Randolph Street South Weymouth, MA 02190 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,600.00 |
| 3.172 | Nonpriority creditor's name and mailing address Windstream Communications, Inc Attn: President or Gen Counsel PO Box 843006 Kansas City, MO 64184 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,700.00 |
| 3.173 | Nonpriority creditor's name and mailing address Wise Components, Inc. Attn: President or Gen Counsel PO Box 11606 Newark, NJ 07101-5806 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,996.54 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|--|---|---|
| 4.1 | Adam Berman, Esq. Adam Berman & Associates 655 Madison Avenue, 3rd Floor New York, NY 10065 | Line <u>3.87</u> <input type="checkbox"/> Not listed. Explain ____ | — |
| 4.2 | Edward M. Kelman, Esq. 60 East 42nd Street Suite 4000 New York, NY 10165 | Line <u>3.161</u> <input type="checkbox"/> Not listed. Explain ____ | — |

Debtor **ONE Media Corp, Inc.**

Case number (if known)

| | Name | | |
|------|--|--|---|
| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| 4.3 | Els Jacobs Berkeley & Lawrence BV Postbus 27, 419 CA Geldermalse The Netherlands Kvk 1104398 | Line <u>3.131</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | Greenberg, Grant & Richards Attn: Jason Rosado 5858 Westheimer Rd 5th Floor Houston, TX 77057 | Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.5 | IMG Media Attn: Hillary Mandel 11 Madison Avenue New York, NY 10010 | Line <u>3.75</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.6 | Jonathyan P. Freedman, Esq. Freedman Legal Group, PLLC 60 E. 42nd Street, Suite 4600 New York, NY 10165 | Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.7 | Mark J. Ventola, Esq. Sheehan Phinney 225 State Street Boston, MA 02109 | Line <u>2.6</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.8 | MP Silva Attn: Frank Uddo 101 5th Avenue, 8th Floor New York, NY 10003 | Line <u>3.109</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.9 | Sheryl B. Galler, Esq. Greenwald Doherty 630 Third Avenue, Suite 704 New York, NY 10017 | Line <u>3.86</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.10 | Stempel Bennett Claman et al. 675 Third Avenue, 31st Floor New York, NY 10017 | Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| | Total of claim amounts |
|-------|-------------------------|
| 5a. | \$ 244,760.88 |
| 5b. + | \$ 47,598,744.78 |
| 5c. | \$ 47,843,505.66 |

Fill in this information to identify the case:

Debtor name ONE Media Corp, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- | | | |
|---|---|---|
| <p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: right;">State the term remaining</p> <p>List the contract number of any government contract _____</p> | <p>Lease for non-residential real property located at 750 Third Avenue, Room 2601, New York, NY location, dated August 1, 2014.</p> <p>Expires August 1, 2021</p> | <p>750 Third Owner LLC C/o SL Green Realty Corp 420 Lexington Avenue New York, NY 10170</p> |
| <p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: right;">State the term remaining</p> <p>List the contract number of any government contract _____</p> | <p>Software License, Support & Services Agreement, Second Amendment dated September 22, 2010.</p> <p>Expires August 31, 2017</p> | <p>Broadview Software Inc. Attn: Michael Atkin, President 110 Adelaide S., East 3rd Floor Toronto, ON M5C1K9</p> |
| <p>2.3. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: right;">State the term remaining</p> <p>List the contract number of any government contract _____</p> | <p>Master Equipment Lease for various technology equipment, dated September 29, 2015.</p> <p>Expires November 1, 2018</p> | <p>CIT, as assignee of DDI Leasing Attn: President or Gen Counsel 21146 Network Place Chicago, IL 60673</p> |
| <p>2.4. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: right;">State the term remaining</p> <p>List the contract number of any government contract _____</p> | <p>One World Sports Distribution Agreement dated September 8, 2015</p> | <p>Vivicast Media LLC Attn: Stuart Smitherman, Pres 1775 Mariah Woods Blvd Memphis, TN 38117</p> |

Debtor 1 **ONE Media Corp, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

Fill in this information to identify the case:

Debtor name ONE Media Corp, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

| Name | Mailing Address | Name | Check all schedules that apply: |
|-----------|--|-------|--|
| 2.1 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |